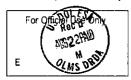


U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1372	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Stephen Silliman	Name ELECTRICAL WORKERS IBEW AFL-CIO			
	Labor Organization File Number 022-469			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 3908 Tuesday Way	Street 4315 PRESTON HIGHWAY, SUITE 102			
City Louisville	City Louisville			
State Kentucky ZiP Coc'e + 4 40219	State Kentucky ZIP Code + 4 40213-2031			
5. Position in labor organization. Business Manager / Financial	Sect			
Enter appropriate data below If, during the past fiscal year, you or your spore (except as specified in the exclusion of the	isions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
	ger california in the community state in the			
City				
State ZIP Code + 4				
Sign	ature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed The M. Willer.	On 8-11-05 , (502) 368-2568			
1 of the second	Date Telephone Number			

Name of Person Filing Stephen Silliman		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	acommunity				
Trade Name, if any:	a. Labor Organiza	ation			
P.O. Box, Bldg., Room No., if any	b. Trust				
Street:	c. Employer				
City					
State State					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ling.	net man recovered an inclination and a man appearance of many		
Name	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		St. Carlotte		
Trade Name, if any:	3				
P.O. Box, Bldg., Room No., if any	:		* * f		
Street	The control of the co		A the Let's and the second sec		
	11.b. Approximate dollar va		The second secon		
City Season Control of the Control o	12.a. Nature of interest he	eld or income received.			
State ZIP Code + 4			e vergen		
			* *		
			- 1 1		
	12.b. Amount.	MANUTE MANUTER OF SECULOR SECTION SECT	many prinches (Artic State) analohan, salika marena apara samana sanda 10° 10° 10° 10° 10° 10° 10° 10° 10° 10°		
			3 o Andreads (Indiana) - Address of Ann an analysis (Indiana) - 2 on Hardway Mar		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	Large writings control of the second of the	The state of the s		
Name National Electrical Contractors Association	12/03/2004 Chris	tmas celebration	- invited guest.		
Trade Name, if any: Louisville Chapter, NECA	:		:		
P.O. Box, Bldg., Room No., if any	;				
Street 1404-C Browns Lane			;		
City *Louisville					
State Kentucky , ZIP Code + 4 40207-4655	· · · · · · · · · · · · · · · · · · ·		3 3 3		
STREAM OF THE CONTRACT OF THE	14.b. Amount of payment.	el Sand i i Adminis (15, 30), de lare (1, ar 3, ar 100 San Monta) e la Cicada di indicensi	ACTION OF THE STATE OF THE STAT		
13.b. Is the Business an Employer or Consultant?			\$75		

Name of Person Filing Stephen Silliman	File Number U-

Part	C	C_{α}	ntin	uat	ion	Page
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Part C Continuation Page				
C. Received from any employer (other than an employer covered under parts A apayment of money or other thing of value.	and B above) or from any labor relations consultant t	o an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment03/26/2004 Local 369 Retirement Plan transition meeting, Washington, DC. Dinner.			
Name Putnam Investments				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street Investors Way	•			
City Norwood				
State Massachusetts :ZIP Code + 4 02062	THE STATE AND A COLUMN AND AND AND AND AND AND AND AND AND AN	S		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$60		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant t	to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Putnam Investments	10/18/2004 & 10/19/2004 Taft Har counsel meeting, Boston, MS. Airfare S354	tley advisory		
Trade Name, if any:	Hotel \$377 Dinner & transportation \$223 Breakfast & lunch \$60			
P.O. Box, Bldg., Room No., if any		to minimum as		
Street Investors Way	to the same of the			
City Norwood	Transport of the Control of the Cont	2.2		
State Massachusetts ZIP Code + 4 02062				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$1,014		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant	to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 12/08/2004 Christmas celebration	a - invited guest		
Name Lou Elect Joint Apprent & Training Comm	12/05/2004 Chilischias Celebracion	n - inviced gaest.		
Trade Name, if any:		3		
P.O. Box, Bldg., Room No., if any		Š		
Street 4315 Prestor Highway, Suite 100				
City Louisville		,		
State Kentucky ZIP Code + 4 40213-2031	The state of the s	3		
13.b. Is the Business an Employer or Consultant??	14.b. Amount of payment.	\$39		